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WAR PROGRAM OF THE PUBLIC HEALTH SERVICE.¹

INTENDED ESPECIALLY FOR EXTRA-CANTONMENT AREAS AND WAR INDUSTRIAL CENTERS.

This program meets urgent national needs by outlining health activities which are practicable, which may be accomplished, and which will yield the maximum result in protecting the health and conserving the man power of the Nation. The measures outlined will be concentrated on communities congested by the establishment of cantonments or of war industries and which fall below minimum health standards. They will be extended to communities as personnel and funds become available.

1. Water supplies.—Nation-wide campaign for safe water supplies:

- (a) By extending surveys already made by service of water supplies, backed by laboratory analyses when necessary, to be done by national, State, local, or university personnel and laboratories.
- (b) Introduction and extension of methods of water purification according to results of surveys and analyses.
- (c) Stimulation of communities to obtain safe water through national, State, and local representatives, the American Red Cross, the Council of National Defense, and volunteer organizations.

2. Milk supplies.—Nation-wide campaign for safe milk through—

- (a) Universal pasteurization (establishment of municipal systems for pasteurization and distribution of milk).
- (b) Adequate inspection of production and distribution of milk and milk products.
- (c) Stimulation of communities to obtain safe milk through National, State, and local representatives, the American Red Cross, the Council of National Defense, and volunteer organizations.

3. Sewage disposal.—Proper sewage disposal will control intestinal diseases, such as typhoid fever, dysentery, diarrhea, and hookworm. These diseases now cause over 60,000 deaths annually. National campaign for safe methods. Through—

- (a) Extension of water carriage sewerage systems wherever practicable.
- (b) Elimination within municipal limits of cesspools and privies.
- (c) In rural communities the installation of sanitary privies.
- (d) The establishment of minimum standards of permissible pollution of streams, lakes, and rivers used for water supplies.
- (e) Stimulation of communities to obtain safe sewage disposal through National, State, and local representatives, the American Red Cross, the Council of National Defense, and volunteer organizations.

4. Typhoid fever.—Immediate reduction of the typhoid fever rate by a nation-wide campaign for voluntary inoculation of nonimmune persons against typhoid in communities falling below minimum requirements for safe water, milk, and sewage disposal. In this manner the necessary protection of the civil population will be given against this disease for the period of the war, pending the improvement of food and water supplies and the introduction of safe methods of sewage disposal.

NOTE.—Stations for voluntary inoculation should be established in every community where this measure is required and free inoculation given: vaccine to be fur-

¹ The Surgeon General, United States Public Health Service, will present this program for discussion at the meeting of the American Public Health Association, Chicago, Ill., Oct. 14-17, 1918.

nished by National, State, local, and volunteer agencies; the necessary professional services involved to be given by the Public Health Service, State, and local representatives and members of the volunteer service corps.

5. Malaria.—Campaign for the control of malaria and malaria-bearing mosquitoes in industrial and economically important areas of the United States—

- (a) By the further dissemination of the knowledge of methods for its control (elimination of malaria mosquito breeding places through drainage, oiling, ditching, and the like) now being demonstrated by the Public Health Service.
- (b) By the extension throughout the country of surveys of certain areas as to the prevalence of malaria and malaria-bearing mosquitoes.
- (c) By increasing the corps of experts in malaria prevention of the Service and the utilization of other national agencies wherever practicable to advise the communities as to the methods for best handling their problems in malaria.
- (d) Additional appropriations for the reclamation of large areas from malaria through proper drainage. Funds for such projects should be supplied on a 50-50 basis by Federal and State governments. This plan is especially applicable to the control of malaria in communities where malaria conditions threaten to interfere with the prosecution of the war.

6. Venereal diseases.

(a) Medical measures—

- (1) Establishment of clinics, dispensaries, and hospitals.
- (2) Epidemiological studies.
- (3) Free diagnosis.
- (4) Examination for release as noninfective.
- (5) Free distribution of arsphenamine.
- (6) Control of carriers through detention and commitment.

(b) Educational measures.

- (1) Proper reporting of cases.
- (2) Standardization of pamphlets, exhibits, placards, and lectures.
- (3) Cooperation with National, State, local authorities, and volunteer associations.
- (4) Cooperation with Provost Marshal General in educating drafted men to control venereal infection.
- (5) Cooperative work in industrial plants, shipyards, and railway employees' organizations.
- (6) Cooperation with druggists' organizations to secure their voluntary aid in the control of patent nostrums for the treatment of venereal diseases.

7. Hookworm.

- (a) Extension of active propaganda and traveling clinics for prevention.
- (b) Safe disposal of sewage, with special reference to hookworm.

8. Tuberculosis.

- (a) Stringent provisions for the proper reporting of cases of tuberculosis.
- (b) Adequate instruction of families and patients, especially in families where there is an advanced case.
- (c) Hospitalization of cases wherever practicable, either through city institutions or by arrangements with State or district tuberculosis hospitals.
- (d) Cooperation with national societies and agencies having for their object the prevention of tuberculosis or the improvement of economic conditions.

9. Pellagra.

- (a) Extension of the present educational campaign as to the dietary cause and prevention of pellagra.
- (b) Improvement of food supplies in pellagrous areas through cooperation with the Food Administration, the Department of Agriculture, and State and local health authorities, and with agencies including the American Red Cross.

10. Industrial Medicine.

- (a) Securing adequate medical and surgical supervision of employees in places of employment by the appointment as officers of the Public Health Service of competent medical men as industrial surgeons, these surgeons to be paid a nominal salary by the Public Health Service and the remainder by the establishment—such officers will perform their duties in accordance with adequate standards of professional service—in addition they will render reports to the Service of the prevalence of disease among employees and the sanitary conditions of industrial communities.
- (b) Establishment by the Service in cooperation with the Department of Labor of minimum standards of industrial hygiene and the prevention of occupational diseases.
- (c) Improvement of the sanitation of industrial communities by officers of the Service, cooperation with State and local health authorities, and other agencies.
- (d) Medical and sanitary supervision by the Service of civil industrial establishments owned or operated by the Federal Government.
- (e) Establishment, wherever practicable, of dispensaries and hospital facilities for United States Government employees.

11. Railway sanitation.

- (a) Consolidation under the Public Health Service of railway sanitation.
- (b) Protection of railway employees by adequate health measures (e. g., protection against smallpox and typhoid fever by vaccination and inoculation; supervision of food, water, and milk supplies consumed by employees; elimination of health hazards in shops and other work places; supervision of sanitary housing facilities; sanitation of railway communities).
- (c) Protection of the public by—
 - (1) Sanitary supervision of water, milk, and food supplies furnished by railway administration.
 - (2) Sanitary supervision of employees engaged in handling water and food supplies so furnished.
 - (3) Sanitation of stations, terminals, rights-of-way, with special reference to sewage disposal, malaria-mosquito eradication, and screening against insects bearing disease.
 - (4) Prevention of the spread of communicable diseases through common carriers.
 - (5) Improvement and regulation of ventilation of passenger coaches and railway tunnels.

Your money should not be neutral; enlist it in the Fourth Loan.

12. Prevention of the diseases of infancy and childhood.

- (a) Through cooperation with the Children's Bureau, the American Red Cross, and other recognized agencies in promoting measures for child and maternal welfare.
- (b) Through prenatal care, by promoting:
 - (1) The adoption of measures for the adequate care and instruction of expectant mothers through visiting nurses, prenatal clinics, lying-in facilities, attention during confinement, and regulation of the practice of midwifery under medical supervision.
 - (2) Safeguarding of expectant mothers engaged in industries.
- (c) Through infant welfare work, by promoting:
 - (1) The accurate registration of all births, and measures for adequate care of babies in homes, welfare stations, and day nurseries.
 - (2) Instruction of mothers by visiting nurses. The enforcement of prophylactic measures to prevent blindness in the newborn.
 - (3) Safeguarding of milk supplies and establishment of pasteurization plants.
- (d) Through supervision of children of preschool age, by promoting:
 - (1) The organization of divisions of child hygiene in State and local health departments.
 - (2) Instruction by visiting nurses in general, personal, and home hygiene, and inspection for physical defects and the control of communicable diseases.
 - (3) The establishment of clinics for sick children.
- (e) Through supervision of children attending school, by promoting:
 - (1) The supervision of the home and school environment, including sanitation of school grounds and school buildings.
 - (2) The maintenance of health supervision of school children by school nurses and school physicians to detect and correct physical and mental defects and to control communicable diseases.
 - (3) Mental examinations of school children to determine and prescribe suitable treatment and training for children who fail in class work.

13. Rural sanitation.

- (a) Federal aid extension for establishment and maintenance of adequate county health organizations in counties in which the county and State governments, separately or together, will bear at least one-half (usually two-thirds) of the expense for reasonably intensive rural health work; county health officer to be given status in national health organization by appointment as field agent of the Public Health Service at nominal salary, sanitary inspectors and health nurses also to be given official status in the Public Health Service.
- (b) Detail of specially trained officers of the Public Health Service to formulate and carry out, in cooperation with local authorities, intensive campaigns for the sanitation of groups of rural towns, the work to be directed especially toward securing safe water supplies, cleanly disposal of human excreta, pasteurization of milk supplies, and bedside control of cases of communicable disease.
- (c) Studies by a special board of officers to determine improved methods of rural sanitation, the studies to be confined to the most practical and essential phases of the subject.
- (d) Widespread dissemination of the simple rules for rural sanitation through various governmental and civil agencies, such as the bureaus and divisions of the Department of Agriculture, the American Red Cross, the Council of National Defense, the Farm Loan Board, agricultural colleges, public school boards, farmers' associations, and women's clubs.

14. Municipal sanitation.

- (a) Campaign for the employment of full-time health officers by all municipalities.
- (b) Enactment and enforcement of ordinances for adequate disease reporting.
- (c) Provision for safe water, food, and milk supplies, and sewage disposal.
- (d) Enactment and enforcement of special regulations for the improvement of conditions causing tuberculosis.
- (e) Establishment of community health centers.
- (f) Municipal campaign for the control of venereal diseases through venereal disease reporting; clinics for the treatment and control of carriers, and free treatment for all cases.
- (g) Control of malaria and malaria-bearing mosquitoes in malarious regions.
- (h) Enactment of proper building ordinances and provision for sanitary supervision of housing, especially in industrial centers, including improvements in transportation, so as to permit redistribution of persons living in overcrowded communities.
- (i) Adequate systems of medical supervision of schools.
- (j) Reduction of infant mortality by proper organization for prenatal care, bed space in maternity hospitals, and infant welfare stations, visiting nurses, and milk and ice stations.
- (k) Attention of municipalities to realize that these activities are war measures of the highest importance, because they enable each community to play the maximum part.

15. Health standards.

- (a) Communicable diseases. Promulgation by the service of minimum standards for the control of communicable diseases.

NOTE.—The service has published on this subject a report of committee of the American Public Health Association, upon which the service was represented. This report should be reviewed and amended by a board of service officers. It should then be formally approved by the conference of State and Territorial health officers, with the Public Health Service, and be promulgated by the Public Health Service as Federal standards.

- (b) Industrial hygiene. Standards of industrial hygiene and sanitation of places of employment should be prepared by the service in cooperation with the Department of Labor.
- (c) Sewage and excreta disposal. Minimum standards should be promulgated on the following:
 - (1) Water-carriage sewerage systems.
 - (2) Sanitary privies.
- (d) Standard specifications for safe water and water purification.
- (e) Community sanitation. Standard methods for scoring the sanitary condition of communities should be prepared.
- (f) Preparation of additional standards for the manufacture and the purity and potency of biological products, and for arsphenamine.
- (g) Preparation of standards for illuminating, heating, and ventilating public buildings and schools.

16. **Health education.**—To increase the knowledge of the general public on means relating to disease prevention and personal hygiene, having in mind the shortage of medical personnel and the necessity at this time for the conservation of man power.

- (a) By the employment of medical sanitarians, having special experience in educational methods and their use in cooperation with Red Cross, National and State organizations (Council of National Defense, State sections of the Council of National Defense), State and municipal health departments, State industrial commissions, volunteer medical service corps, and State and National health associations.

NOTE.—The prevention of the following diseases will be the special objects of health education: Malaria, typhoid fever, hookworm, venereal diseases, pellagra, tuberculosis, pneumonia, cerebrospinal meningitis, and excessive infant mortality. Occupational diseases, (see section on industrial hygiene).

- (b) By advocating and assisting in the securing of full-time State, district, and local health officers.
 - (c) By stimulation of States and municipalities to the acceptance of their full responsibility for public-health conditions and the support of health activities by adequate appropriations.
 - (d) Detail of service officers to State health organizations and, when necessary, to city organizations, especially in communities engaged in war work.
17. **Collection of morbidity reports.**—Extension of disease reporting to be accomplished through the collection of adequate reports of disease prevalence.
- (a) By the extension of the present system of collaborating epidemiologists.
 - (b) For the industrial group of the population, through the appointment of industrial surgeons and record clerks in various industrial establishments, such industrial surgeons to be appointed by the Public Health Service, at a nominal salary, so as to place them under the direction and control of the Service, and the remainder of the salary to be paid by the industrial establishments to which they are attached. In addition to reporting disease, these surgeons will act as medical and surgical officers and sanitarians. They will also report on community sanitation.

REPORTING VENEREAL DISEASES.

By C. C. PIERCE, Assistant Surgeon General, United States Public Health Service.

A recent instance illustrates a point of view which has occasionally come to the attention of the Public Health Service. An elderly physician, who is a leading dermatologist and syphilologist, a professor in the school of medicine of the State university, and a leading man throughout the State, told one of his classes that he would, himself, never report a case of venereal disease, and advised them never to do so. The intelligence, ability, and patriotism of this gentleman are not for a moment questioned. But it is equally certain that he made a profound error in judgment which, were it to be made generally, would have the most serious results at this time.

The older physicians were trained, as young men, in a school of medical ethics which was extremely individualistic. Social medicine,